

1920 FM 2268 Salado, Texas 76571 254-947-1292 bveh.salado@bveh.com www.bveh.com

2019 ON FARM BREEDING CONTRACT

1.	BRAZOS	VALLEY	EQUINE	HOSPITAL		SALADO,	LLC	(BVEH)	hereby	reserves	one	breeding	to,	AQHA	Registration		f	or the
	Mare of \$350 ((Made pay	able to BVE	EH) during th	ne 20	19 breeding	g seaso	, Reg. # n, Feb 1st		th . A separ	rate co	ontract is			ling Fee of each breedin		Process mare	
		pregnan													st be paid p			
2.			a copy of t	he mare's re	gistra	tion papers	s to this	contract	and provi	de all other i	informa	ation as re	questec	l.				
3.															ing Fees are r			_
4.				oryo donor, such service.		H can per	form t	ne embry	o flush a	nd ship the	embry	o as neede	d to the	e embryo	transfer facil	ity of cho	ice. The	e Owne
5.						eb 1, 2019	through	n July 15, 2	2019. Th	e Mare Own	er agre	ees to allov	v BVEH	ample o	pportunity to	settle the	mare, ii	ncluding
															will hold BVE			
6.															g. Not includ			
				items will be					ns, specia	rinsemmauc	on proc	Leaures, ut	erine u	eaunend	s, hormone th	егару, ш	agnosu	Lesting
7.	The Mare	must be h	nealthy and	in sound bro	eedin	g condition	. The I	Mare must										
8.	A current (within 12 months) negative Coggins is required. Mares arriving without a current Coggins will be tested at the Owner's expense at the time of arrival Vaccinations, deworming and farrier history must be provided when the mare is delivered for breeding. Vaccinations must be current within 90 days and shall include the mare is delivered for breeding.																	
															e vaccination			
															s of past histo			
9.															nent, deems r			
				n services. eeding sound							ng, tre	eatment to	r uterin	e intecti	on, treatment	for cuts	and ab	rasions
10.				eding, board														
			y \$26/day			ard Wet \$2			Paddock E	oard Dry \$2	3/day	Pade	dock Bo	ard Wet	\$25/day			
		worming:				(as charge					L : I	.			newborn care)			
				er than those														
11.															arge of 1.5%	per mont	h on the	e unpaid
	balance w	ill be adde	ed to all acc	counts, comp	outed	from the d	ue date	e. THE MAI	RE AND/C	R FOAL WIL	L NOT	BE RELEA	SED BY	BVEH L	INTIL THE AC	COUNT IS	S PAID I	N FULL
12.		•						•							the following		•	
								• •	•						CATION MUST			
												_		•	that is born to nediately follo			
			-	_					•	_	•				in this contrac	-	scason s	SCL TOTAL
13.															reed the mare		wina ve	ar only
15.															owing year, fo			
				_									_		ding fees m		-	
14.	This contr	act provid	es for one	(1) Breeder's	Certi	ificate. If n	nultiple	embryos a	are retriev	ed from one	breed	ling, it will	be the r	esponsil	oility of the Ma	are Owne	r to noti	fy BVEH
															required for		_	
				embryo, it	will so	olely be the	eir respo	onsibility to	pay all r	omination f	ees. It	t is also the	e Mare	Owner's	responsibility	to notify	BVEH w	hen the
15		nbryo is uti		TICICATE" V	OLLM	LICT NOTE	V THE	CTALLION	OWNED (OF THE DIDT	LI OE I	THE FOAL	CEDITI	TCATE V	VILL NOT DE I	CCLIED TE	THE AC	COLINI
15.				THE STALL										-ICATE V	VILL NOT BE I	.550ED IF	INEAC	LCOUN
16.														ov the m	are and/or fo	al. or anv	other o	cause o
														-	s of damages			
	occur to a	ny person	or persona	al property.					/					•	_			
17.		,	, ,				,		,	•				,	one assesses			_
				,			•					,			ncluding cost		_	
18.															cluding but no			
10								_			•			•	BVEH in enfo Contract shall	-		
20.				le nor assigr	-						OI ally	dispute ai	ising in	JIII UIIS C	LOTHI act Strail	DE III DEII	County	, Texas
				-		•					charg	e for MC,	VISA,	DISCOV	ER or 4.5%	AmEX),	Wire T	ransfe
				rom a US B						•			,			,,		
Maı	e Owner	:		· · · · · · · · · · · · · · · · · · ·					BVEH/A	gent:								
City	/State/Z	ip Code:	!					/	Accepta	nce Date:	:							
Pho	ne#:							[E-mail:									

Owner/Agent Signature: _____ Date: _____



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2019 MARE OWNER INFORMATION SHEET

RETURN THIS FORM WITH BREEDING CONTRACT and COPY OF REGISTRATION PAPERS

NAME OF MARE:	STALLION CHOICE:								
Carry (y/n):	Embryo Transfer (y/n):	Frozen Embryo (y/n):							
MARE OWNER INFORMATION	l:								
Name of Owner:									
Billing Address:									
City, State, Zip:									
		:							
		Phone#:							
VETERINARIAN INFORMATIO	77								
Shipping Address:									
City, State, Zip:									
Office Phone#:	Cell Phone#:_								
NEAREST MAJOR AIRPO	ORT:								
CREDIT CARD INFORMATION	(A VALID Credit Card MUST be on	n file with BVEH prior to first shipment							
VISA, MASTERCARD, DI	SCOVER ACCEPTED								
	SSING FEE FOR CREDIT CARD PAY A 4.5% PROCESSING FEE	MENI AND							
Credit Card Type:	Credit Card Number:								
	Security Code:								
Name on Credit Card:									
Signature Authorization:		Date:							